



Idaho State Board of Pharmacy

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Credit Card Transmittal Form

Order Information:

(Description of what payment is for)

Name:

(As printed on Credit / Debit Card)

Billing Address:

(City)

(State)

(Zip Code)

Telephone Number:

Type of Card:

_____ MasterCard _____ Visa _____ Discover

Card Number:

Expiration:

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All fields on the transmittal form are required **in order to be processed**.

Note: In accordance with the contract between the State of Idaho and our service provider Access Idaho, a \$1.00 non refundable fee is added to each transaction. The Idaho State Board of Pharmacy does not keep any part of this fee.

Privacy Notice: This form is used to process your credit card payment for registration of licenses or services with the Idaho State Board of Pharmacy. Your Credit Card information is NOT retained in our office. The transmittal form is shredded after your licensure or service request is processed.